

# Probing Antibody-Target Interactions in Vivo

*Yanguang (Carter) Cao, Ph.D.*

*UNC at Chapel Hill*



UNC  
ESHELMAN  
SCHOOL OF PHARMACY

**Part I: Why do we care about “antibody-target interaction” in vivo?**

**Part II: How do we quantify “antibody-target interaction” in vivo?**

**Part I: Why do we care about “antibody-target interaction” in vivo?**

Part II: How do we quantify “antibody-target interaction” in vivo?

# Antibody Products Grow Rapidly

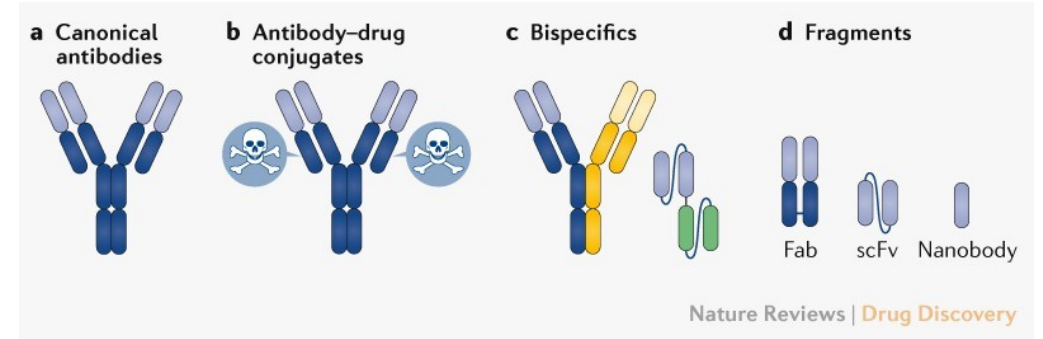


Table 1 | Top targets for first 100 mAbs

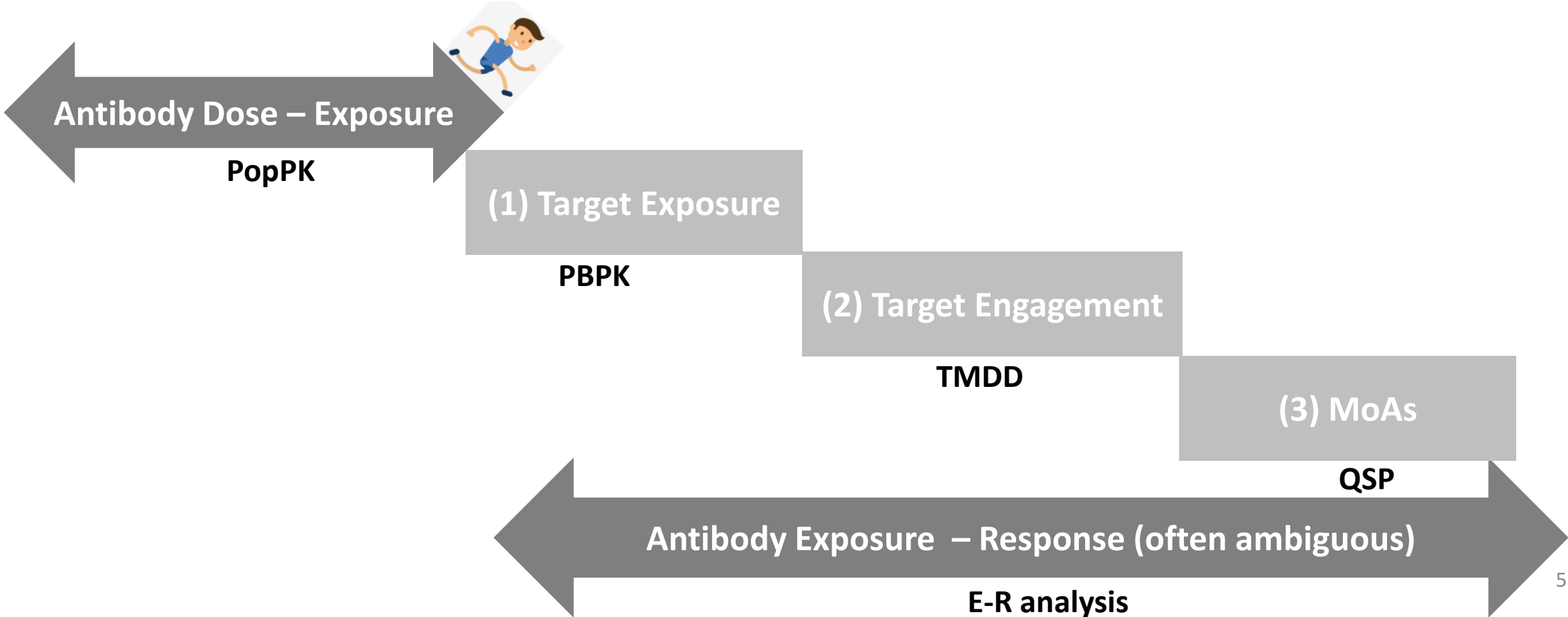
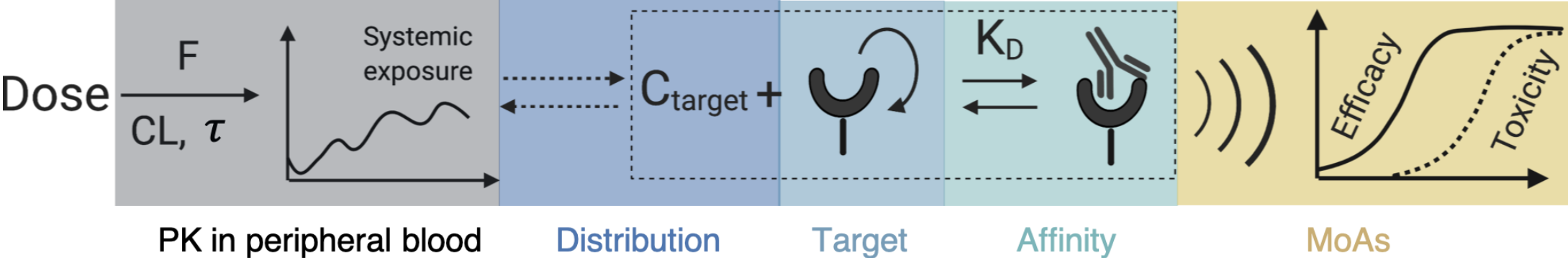
Target	mAb count
PD1/PDL1	7
CD20	6
TNF	4
HER2	4
CGRP/CGRPR	4
VEGF/VEGFR	4
IL-6/IL-6R	4
IL-23 p19	3
EGFR	3
CD19	3

Table 2 | Top investigational mAb targets

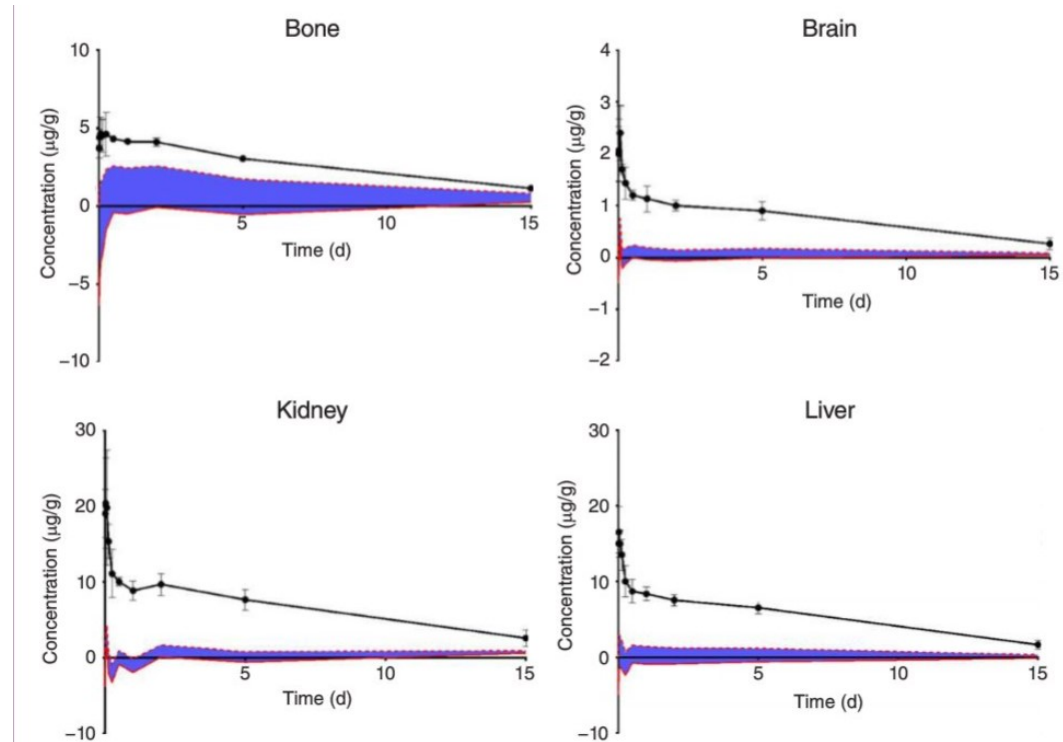
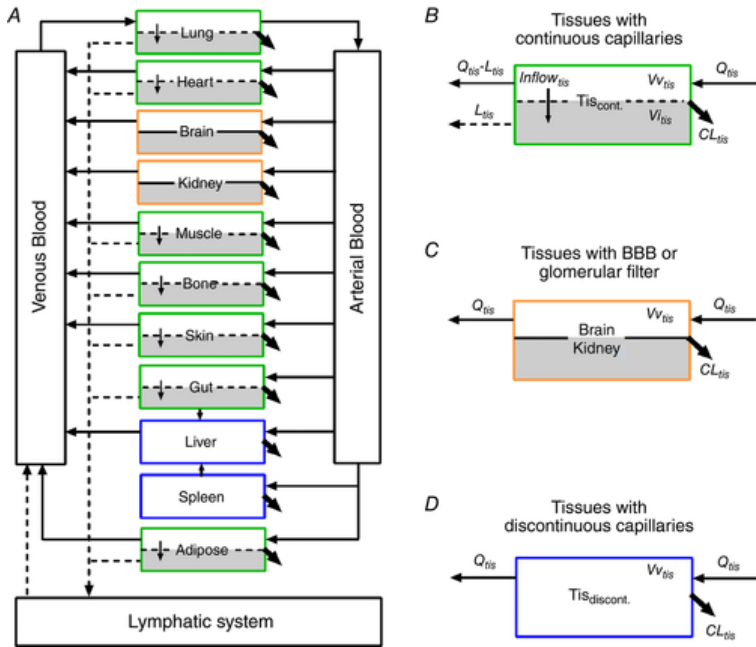
Target	Investigational agent count <sup>a</sup>
PD1/PDL1	80 <sup>b</sup>
CD3	71
HER2	34
CTLA4	25
SARS-CoV-2	22
4-1BB	19
LAG3	19
EGFR	17
CD20	15
CD47	15

1. Poor accessibility to distal targets.
2. High resistance.

# The Cascade of Pharmacological Action

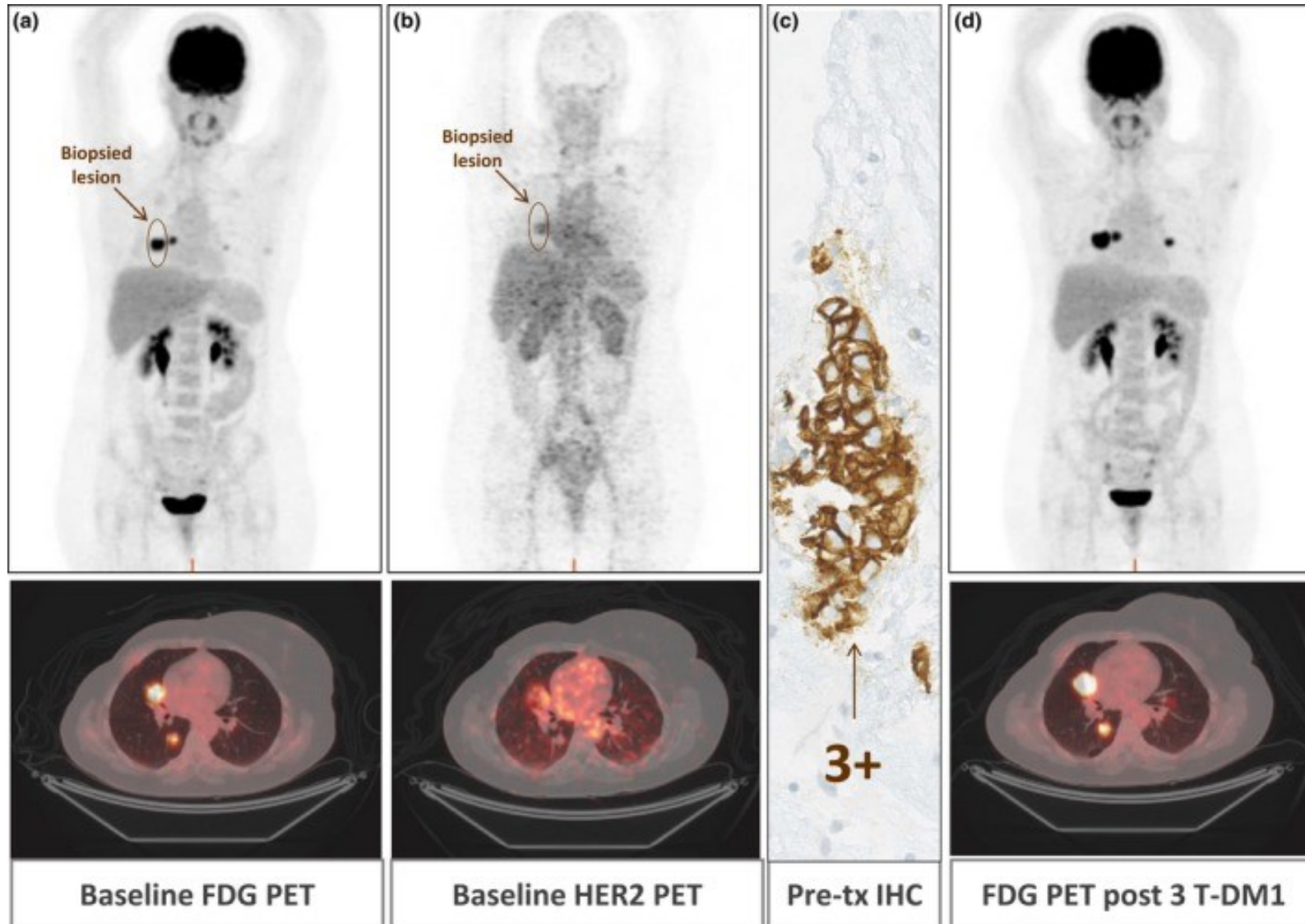


# Antibody Tissue Exposure is Challenging to Measure



Physiologically-based Pharmacokinetic model (PBPK)

# Poor correlation between expression (IHC) and $^{89}\text{Zr}$ -trastuzumab uptake

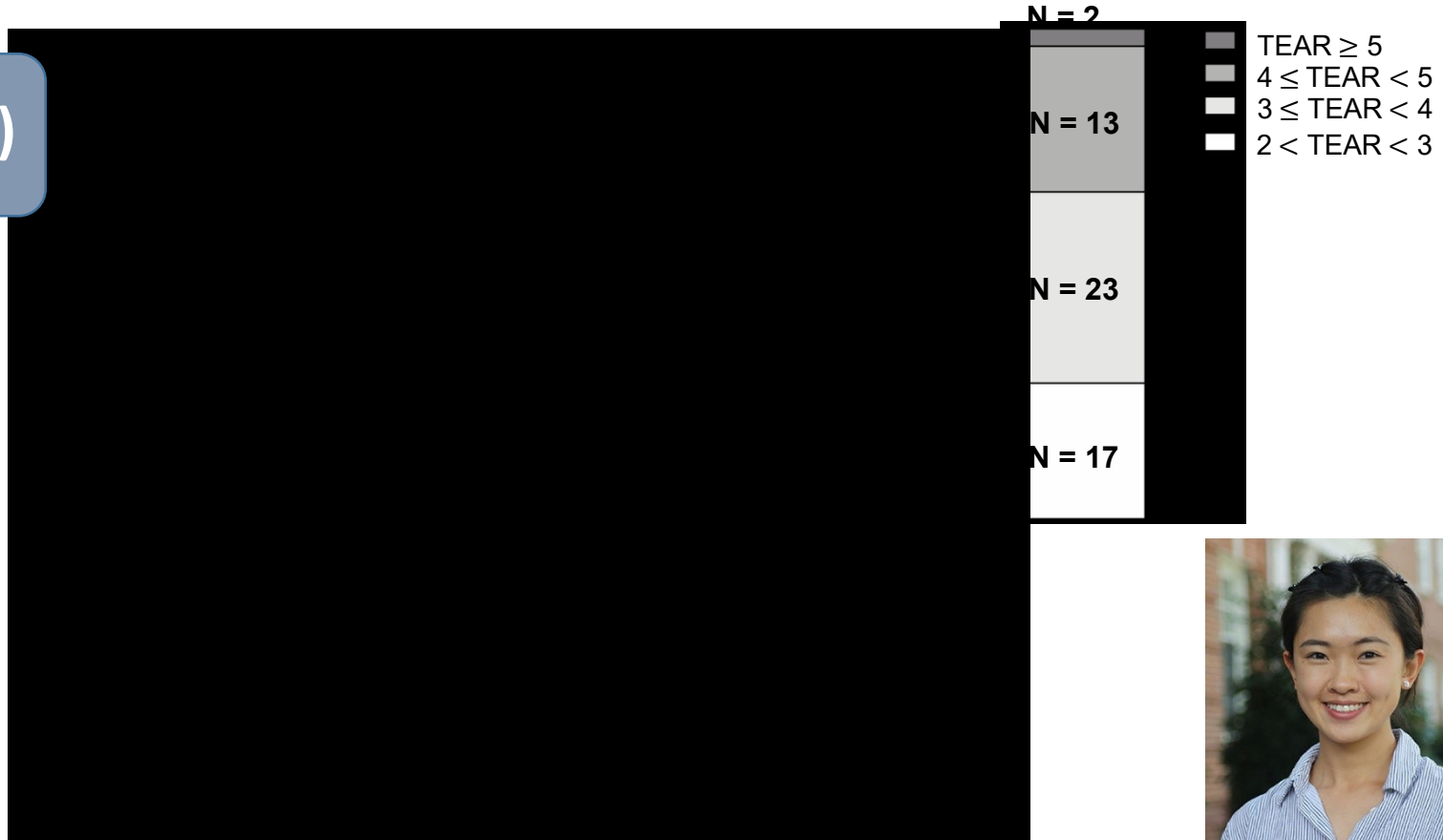


# TEAR (Therapeutic Exposure Affinity Ratio)

$$\text{TEAR} = \log \left( \frac{\text{Plasma Exposure at TD}}{\text{Affinity (K}_D \text{ in vitro)}} \right)$$



TEAR = 2      RO = 99%  
TEAR = 3      RO = 99.9%

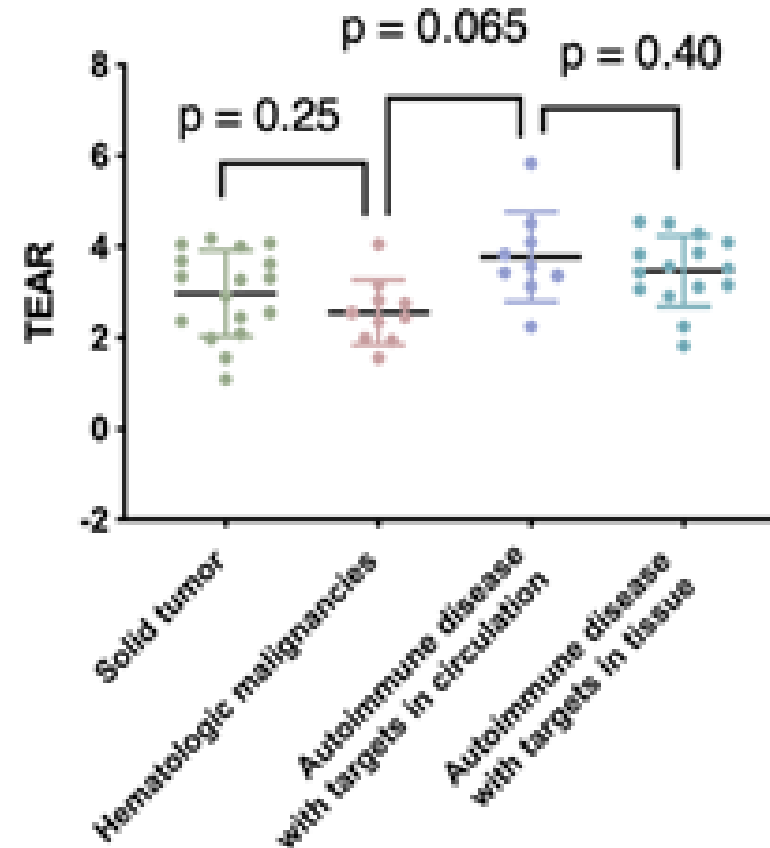
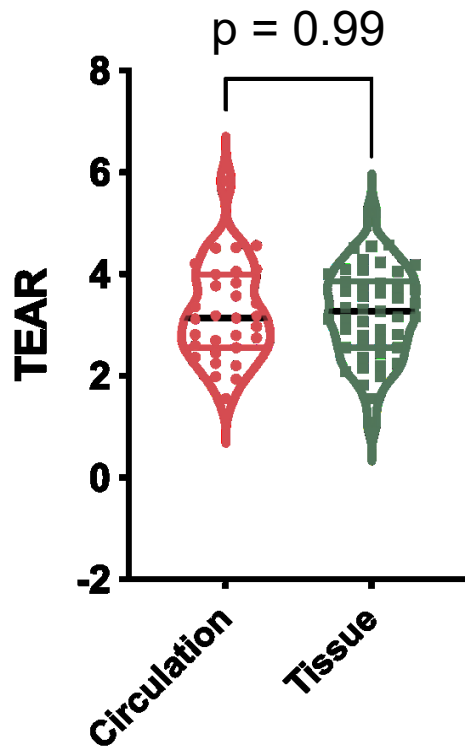


Tang Y.

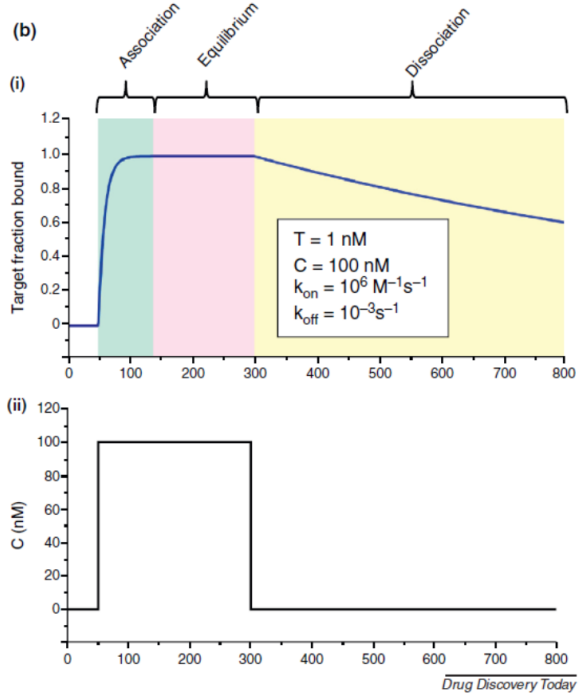
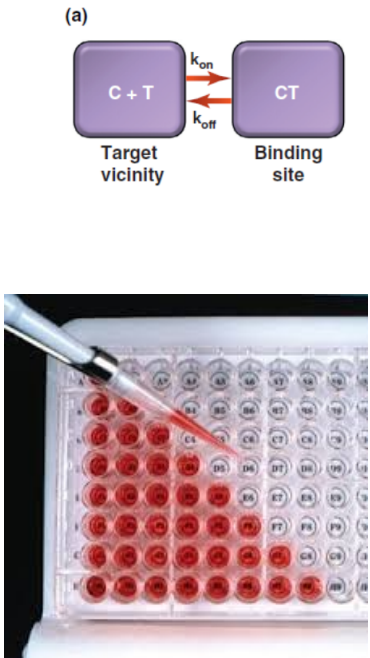
**Proof-by-Contradictions**



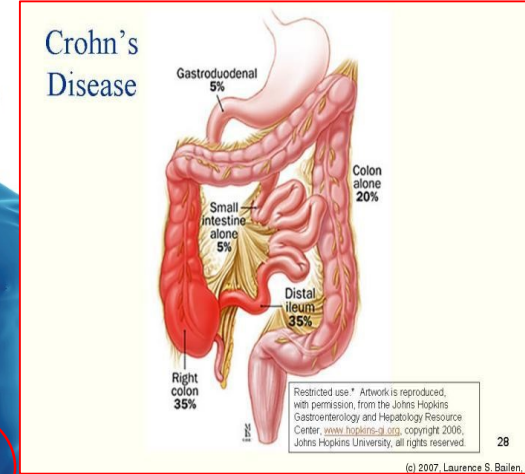
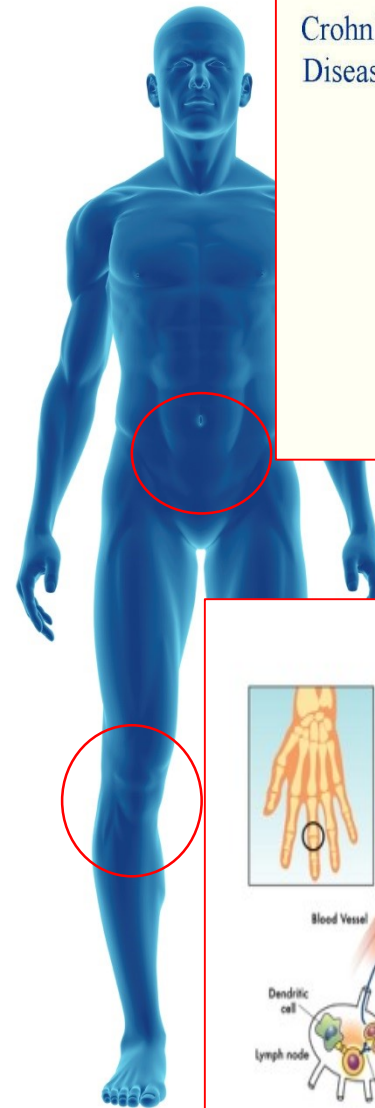
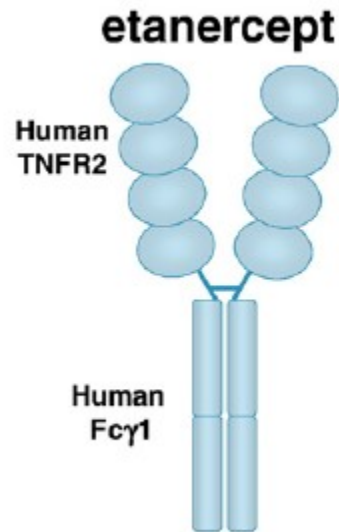
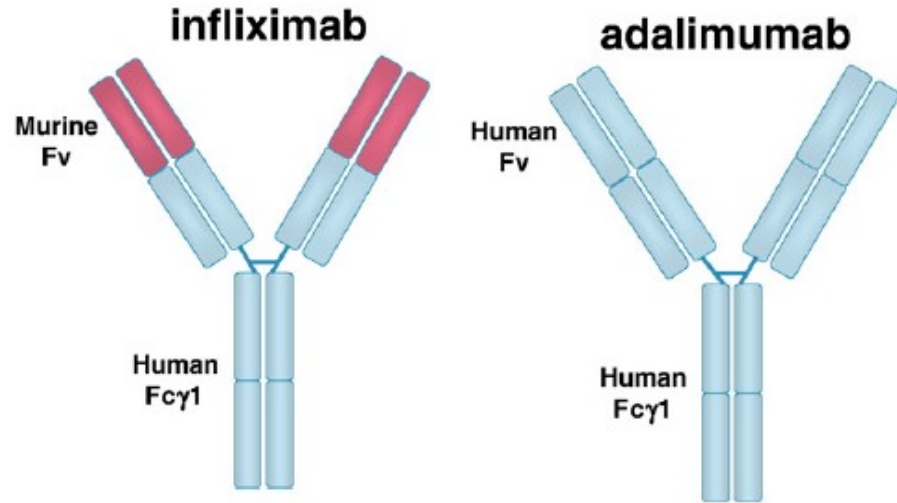
# Location or Affinity Assumptions: Which is More Biased?



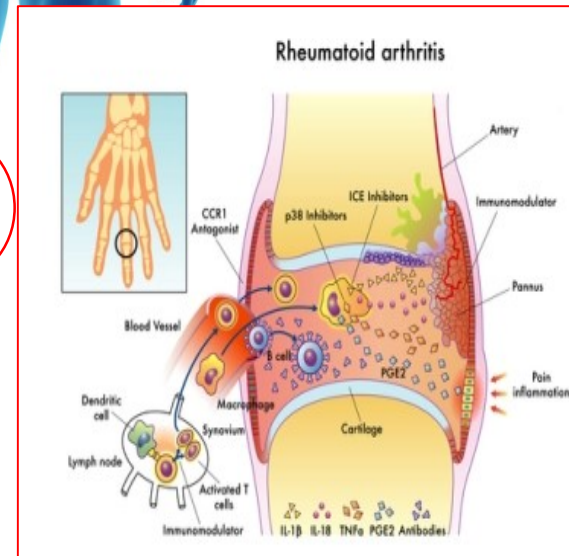
# Antibody-Target Interaction: Close vs. Open Systems



# For instance: TNF- $\alpha$ a target for autoimmune diseases



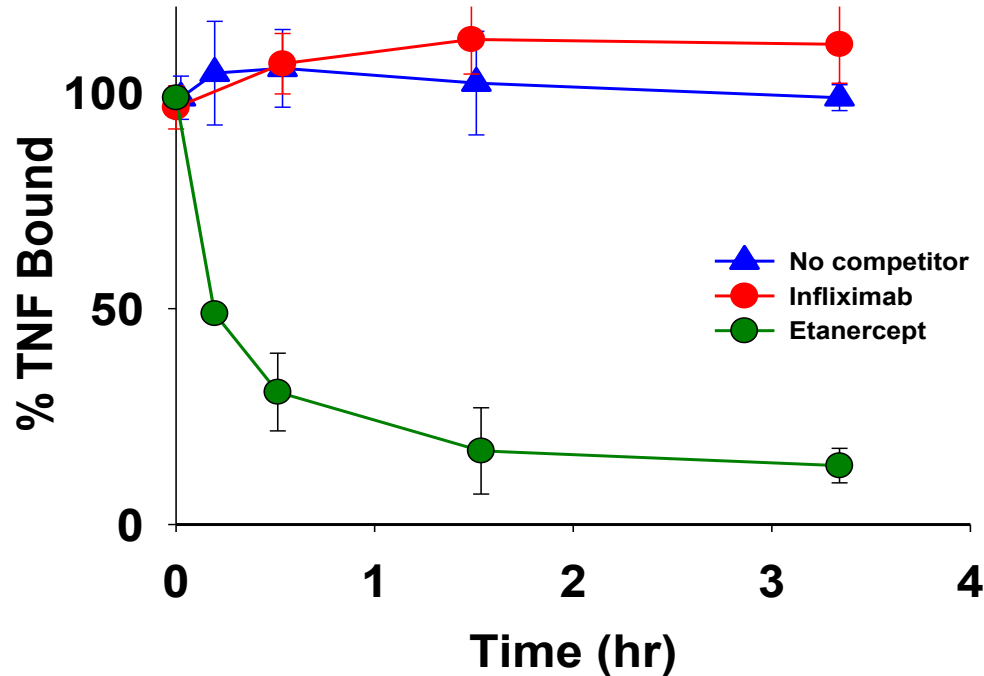
**Crohn's Disease**



# Why are they different in clinical effect?

➤ Receptor Binding Kinetics.

□ Complex Stability

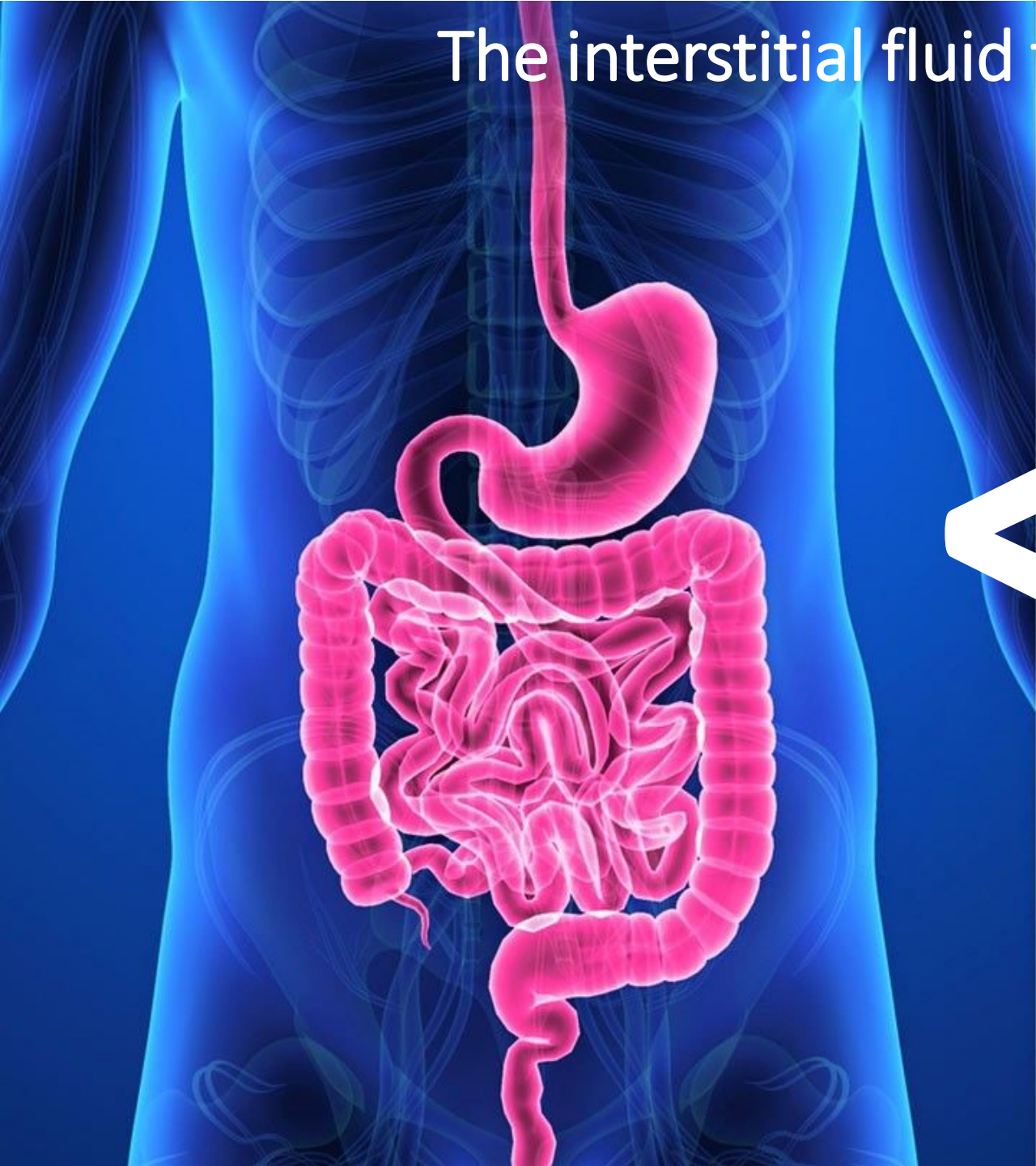


	$K_{on}$ ( $10^5 M^{-1}S^{-1}$ )	$K_{off}$ ( $10^{-4}S^{-1}$ )	$K_D$ (nM)
Infliximab	0.57	1.1	1.92
Etanercept	2.6	7	2.31

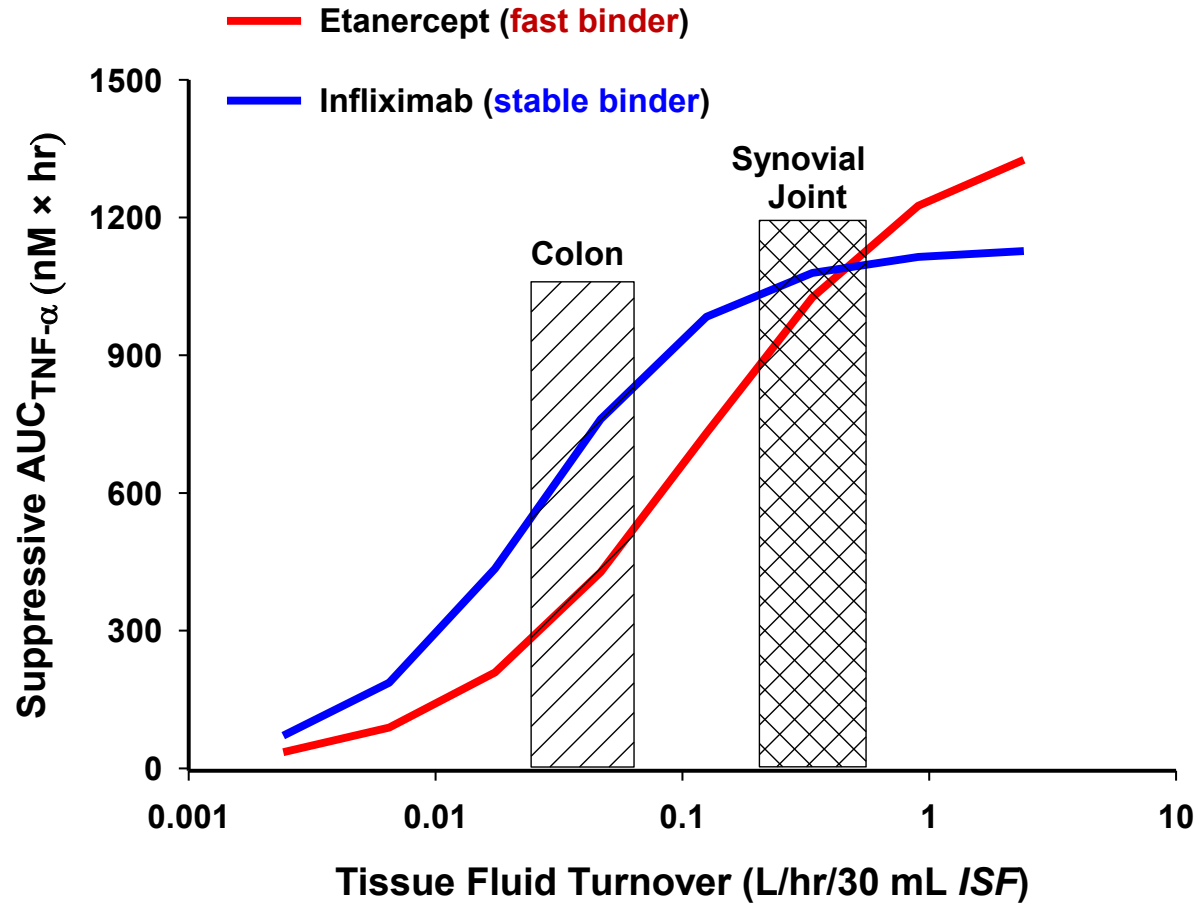
Scallon B., *J Pharmacol Exp Ther.* 2002  
Santora LC, *Anal Biochem.* 2001

Kim MS, *J. Mol Biol* 2007  
Song MY, *Exp. Mol Med* 2008

The interstitial fluid turnover is different

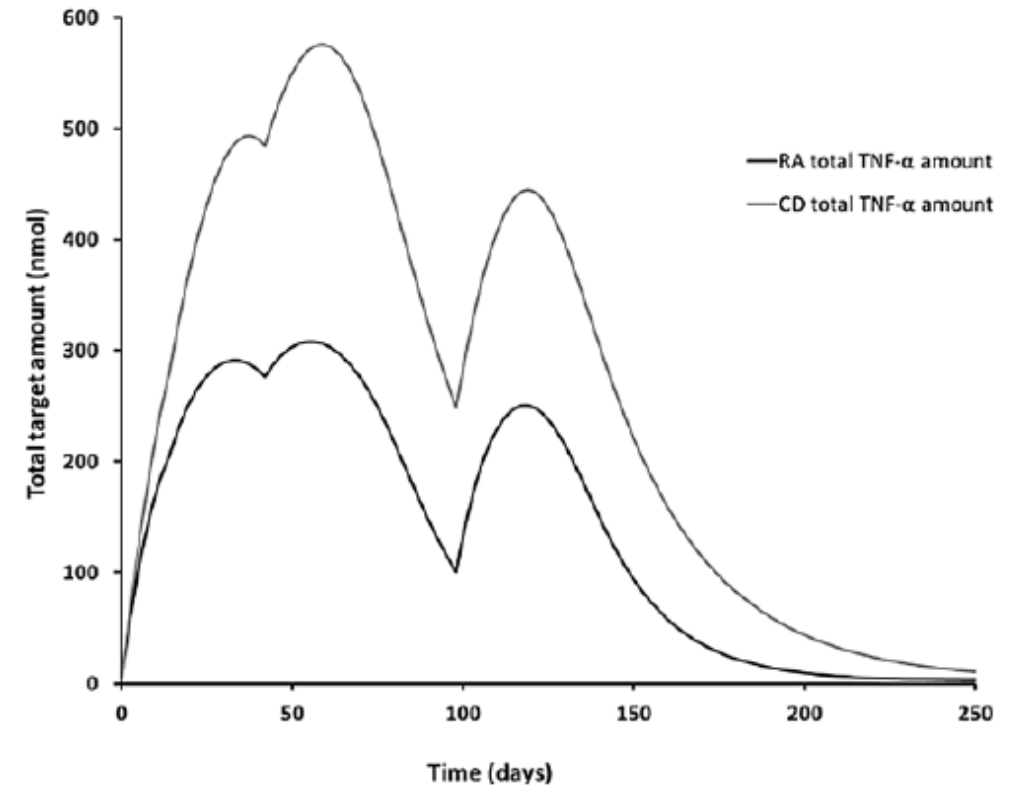


# Effect vs “Tissue fluid turnover”



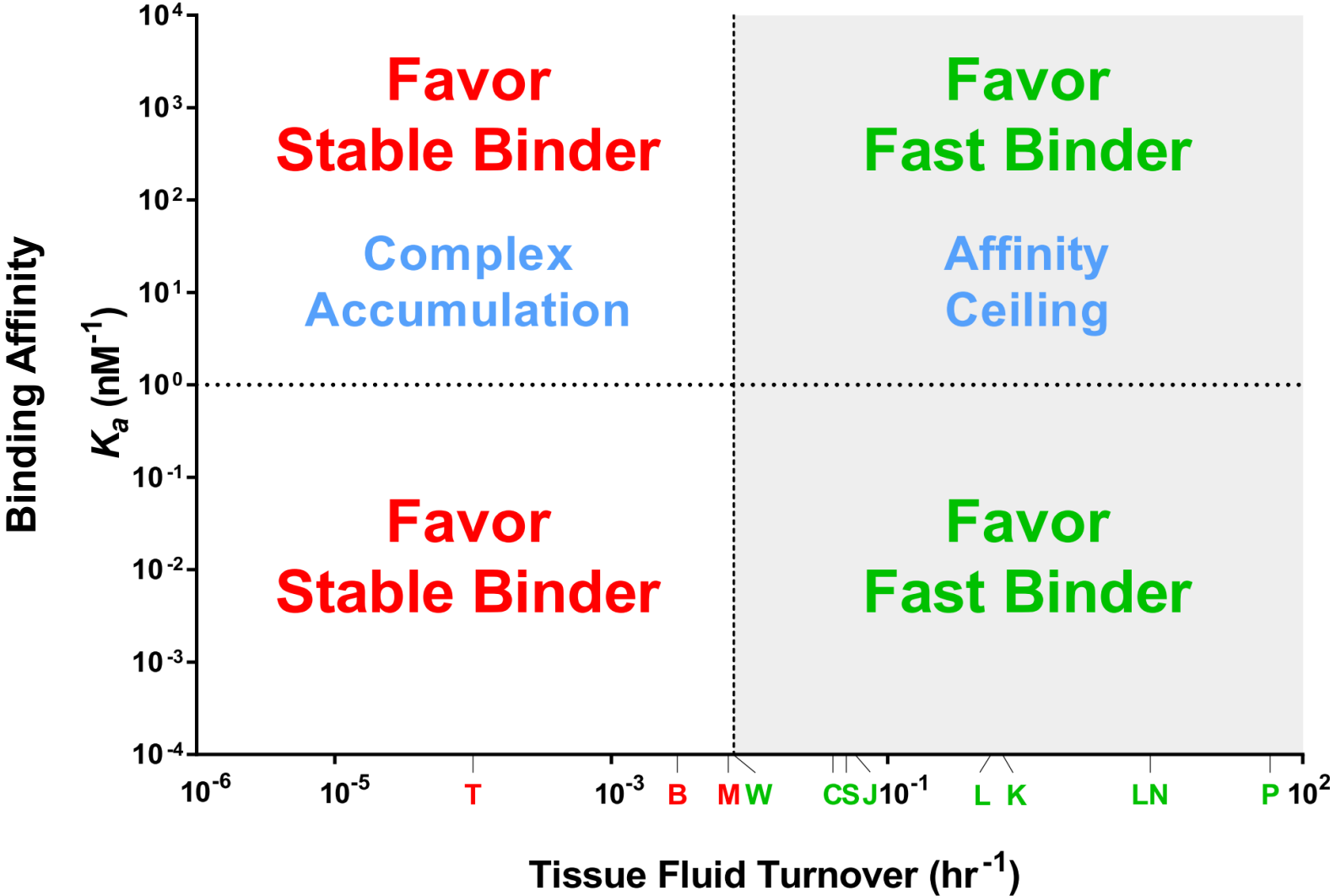
## Infliximab Treatment Does Not Lead to Full TNF-α Inhibition: A Target-Mediated Drug Disposition Model

David Ternant<sup>1,2,3,9</sup> · Marc Pfister<sup>1</sup> · Olivier Le Tilly<sup>2,3</sup> · Denis Mulleman<sup>4,5</sup> · Laurence Picon<sup>6</sup> · Stéphanie Willot<sup>7</sup> · Christophe Passot<sup>8</sup> · Theodora Bejan-Angoulvant<sup>2,3</sup> · Thierry Lecomte<sup>4,6</sup> · Gilles Paintaud<sup>2,3</sup> · Gilbert Koch<sup>1</sup>



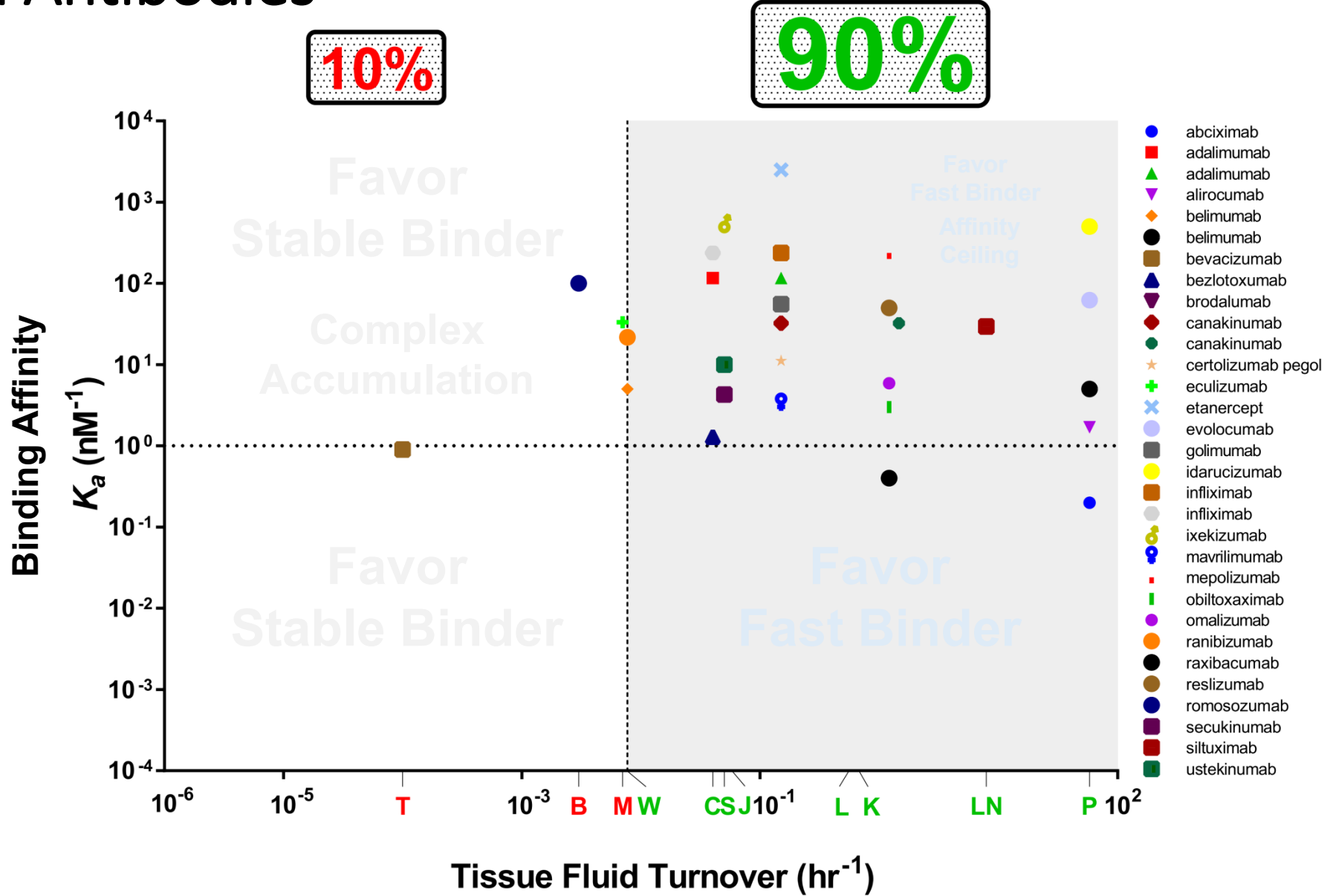
Complex elimination was much **slower in Crohn's disease** than in RA ( $k_{int} = 0.024$  vs  $0.061 \text{ day}^{-1}$ )

# Binding Affinity and “Tissue fluid turnover”



T: Tumor, B: Bone, M: Muscle, W: Whole Body, C: Colon, S: Skin,  
 J: Joint (synovial fluid), L: Lung, K: Kidney, LN: Ly. Node P: Plasma

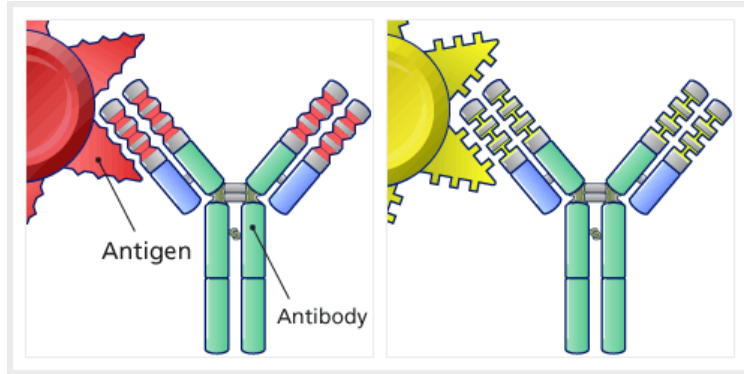
# Licensed Antibodies



**T:** Tumor, **B:** Bone, **M:** Muscle, **W:** Whole Body, **C:** Colon, **S:** Skin, **J:** Joint (synovial fluid), **L:** Lung, **K:** Kidney, **LN:** Ly. Node **P:** Plasma



# Summary (Part I)



1. Antibody target exposure is usually low and hard to quantify.
2. Antibody-target Interaction is context-dependent.

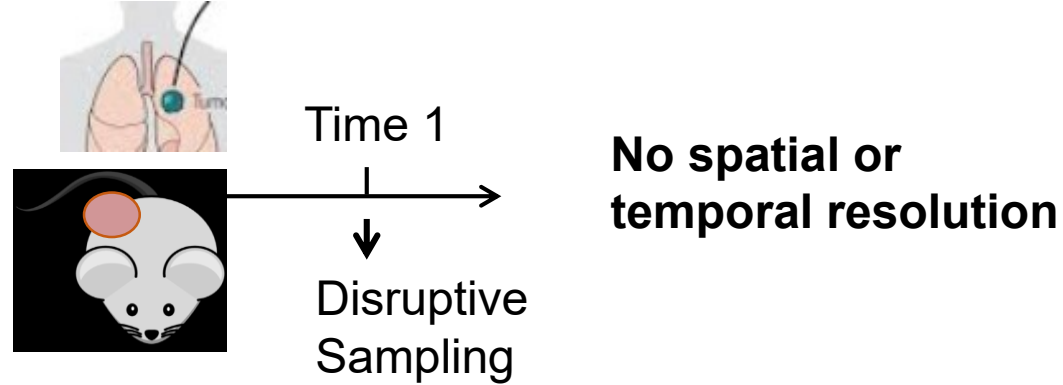
Part I: Why do we care about “antibody-target interaction” in vivo?

**Part II: How do we quantify “antibody-target interaction” in vivo?**

# Current Technologies for Detecting RO in Solid Tumors

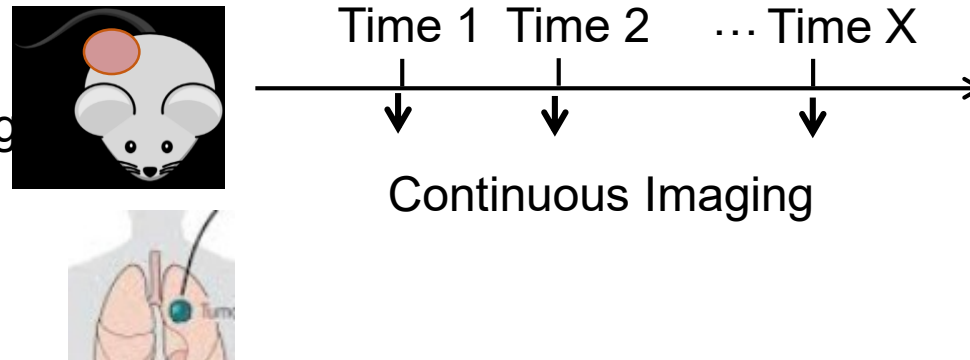
## Disruptive Methods

- ELISA
- LC-MS
- Immunohistochemistry
- Immunofluorescence



## Noninvasive Methods

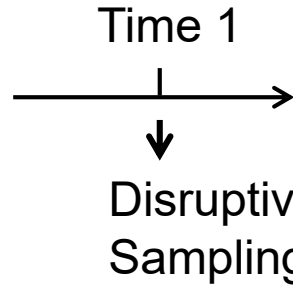
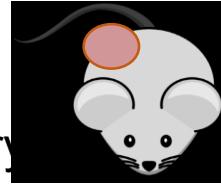
- PET
- Fluorescence imaging



# Current Technologies for Detecting RO in Solid Tumors

## Disruptive Methods

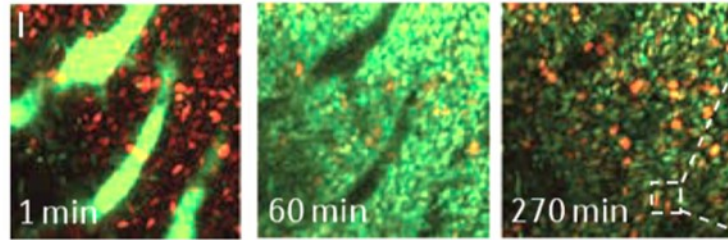
- ELISA
- LC-MS
- Immunohistochemistry
- Immunofluorescence



No spatial or temporal resolution

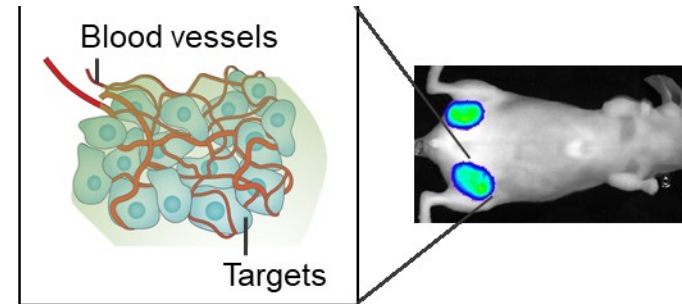
## Noninvasive Methods

- PET
- Fluorescence imaging



Microscopic Level

Total Signal  $\neq$  Bound Antibody

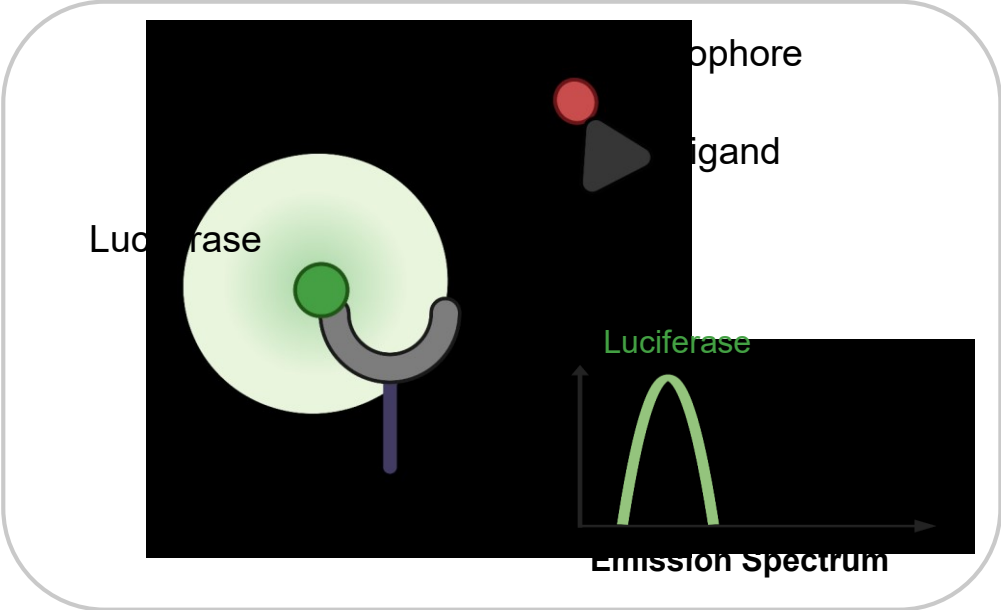


Animal Level

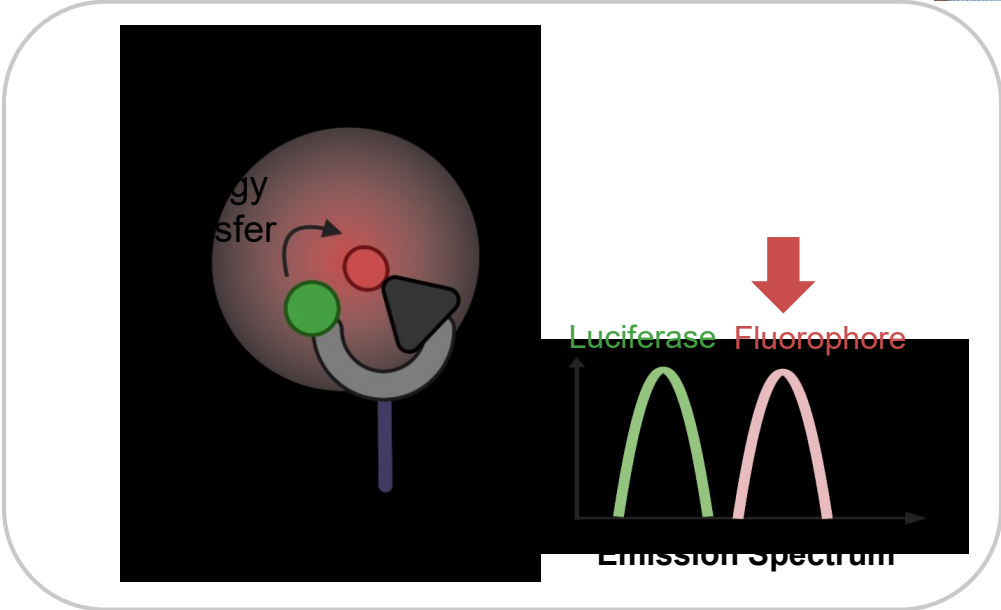
# A BRET Approach for Detecting RO in Solid Tumors



Tang Y.



No Binding, No BRET



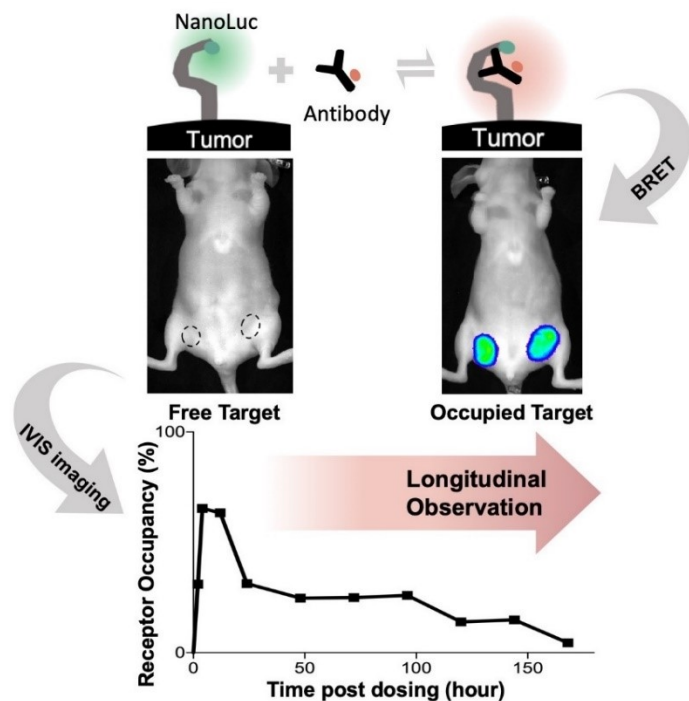
BRET exclusively reveals interactions

Promega Nanoluc plasmid

Cetuximab - EGFR

[Tang Y Shared Slides](#)

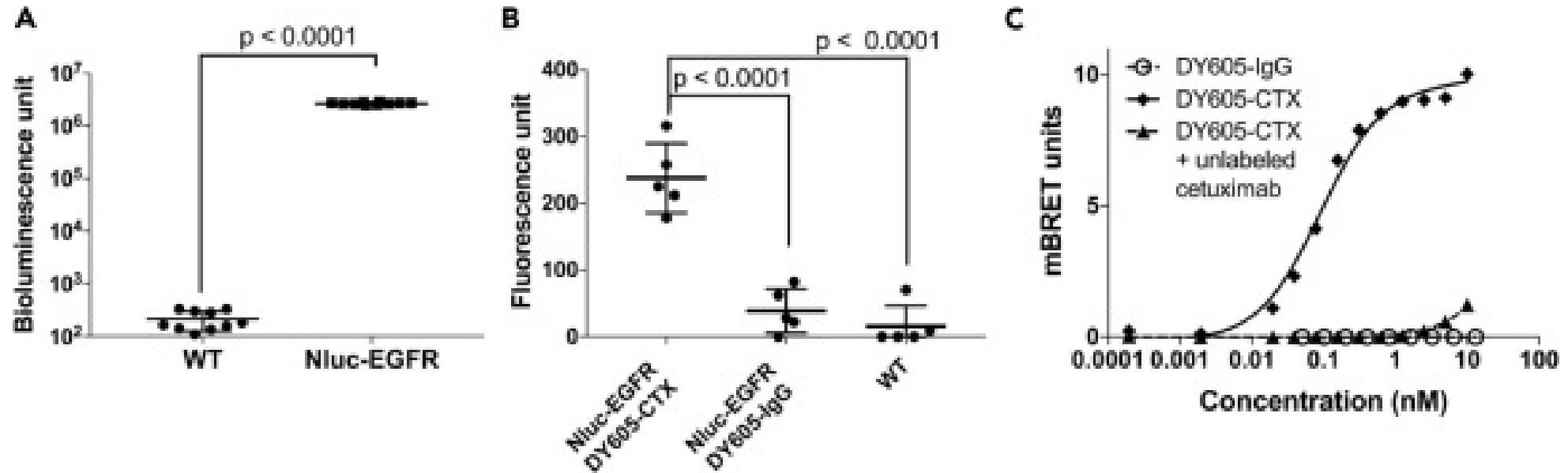
# Elucidating Antibody Binding Dynamics in Living Tumors



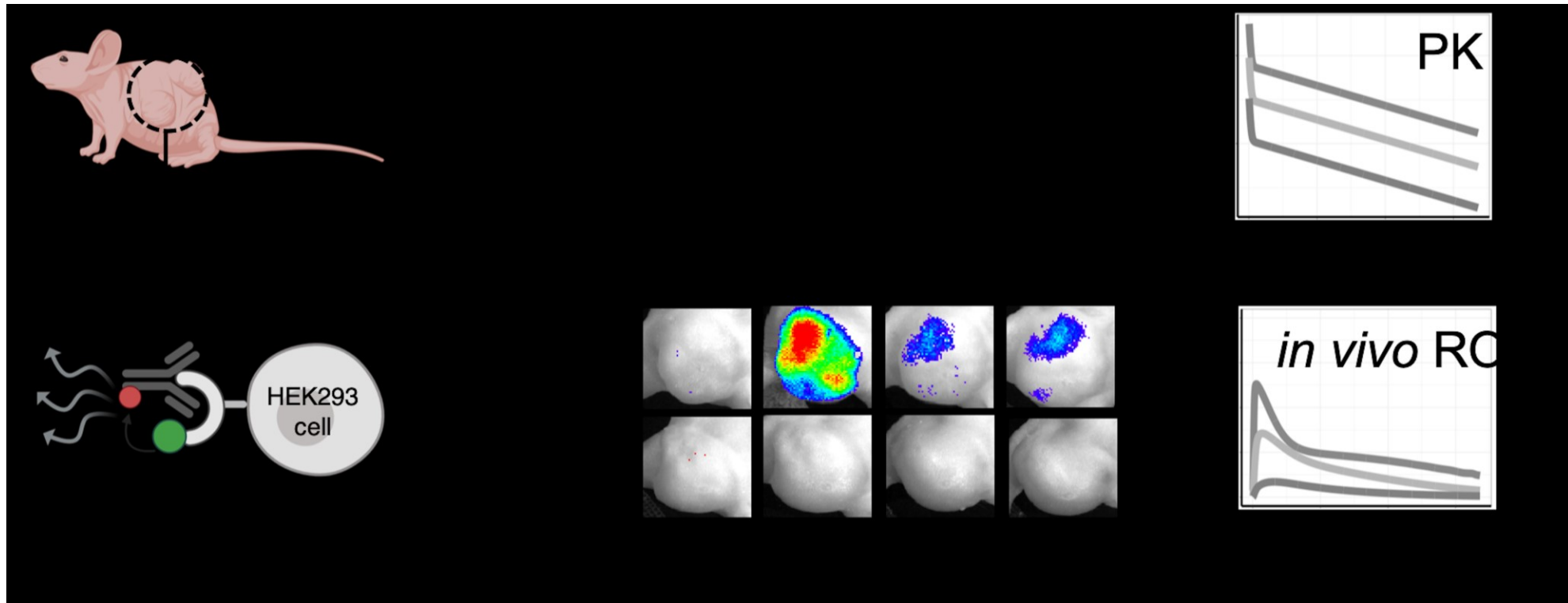
Hypothesis:

1. Antibody-target binding dynamics in living tumors can be monitored by BRET imaging.
2. Antibody-target binding dynamics in living tumors is different with in the in vitro conditions.
3. Antibody-target binding dynamics is heterogenous in different regions of solid tumors.

# In Vitro Assay: DY605-Antibody Binds Nluc-EGFR



# Study Design



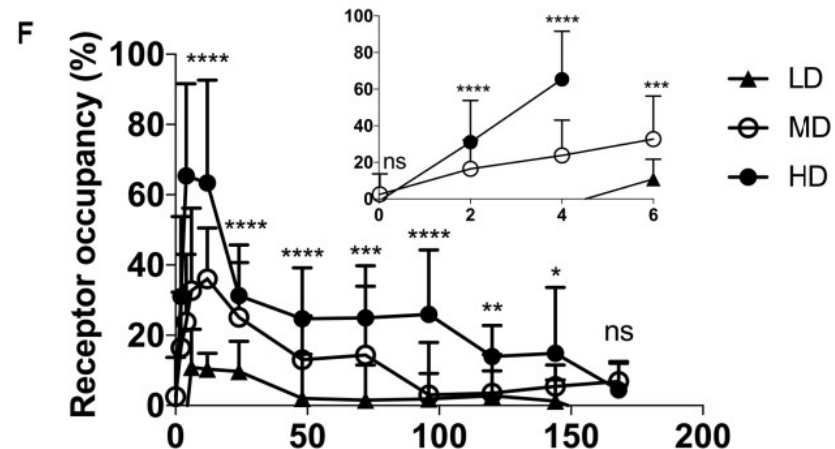
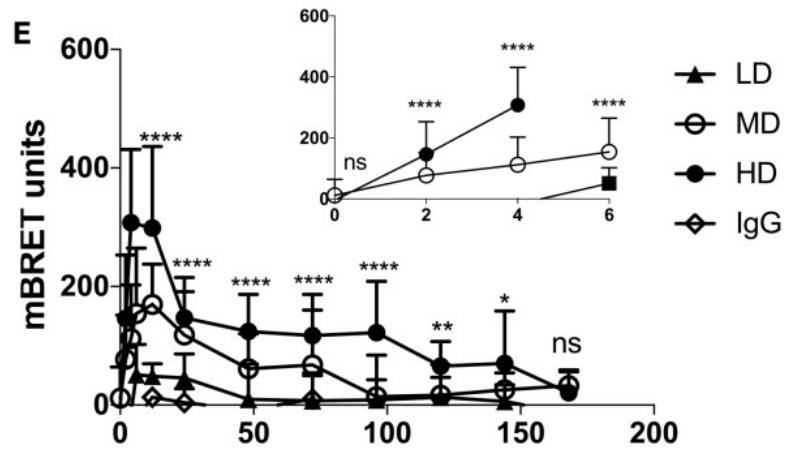
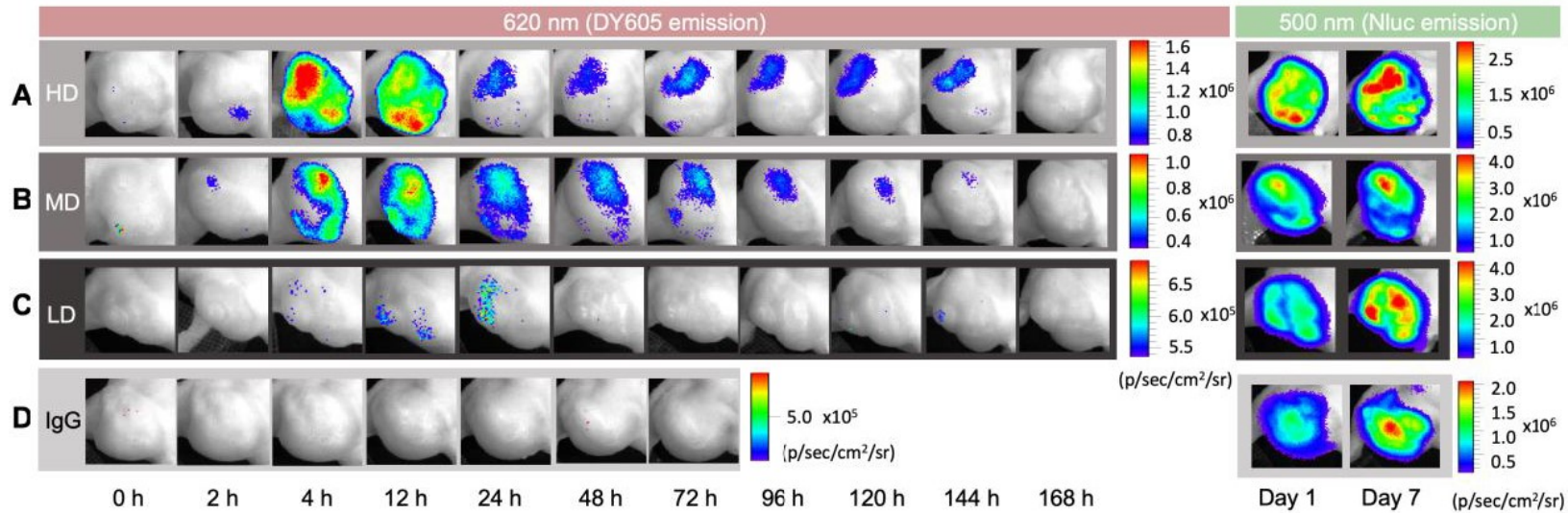
CTX: Cetuximab

Longitudinal in vivo imaging

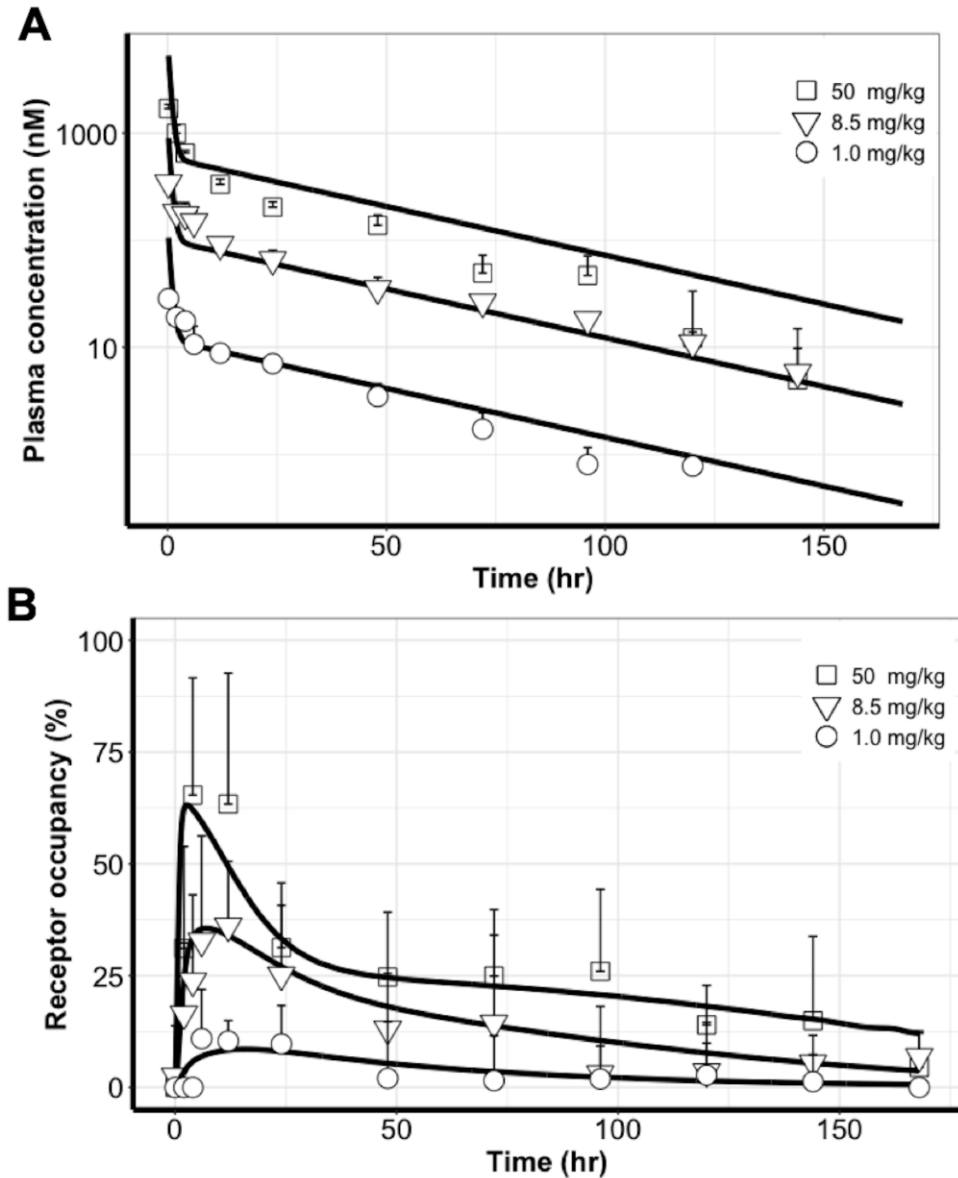
[Tang Y Shared Slides](#)



# Continuously monitored antibody-antigen interaction

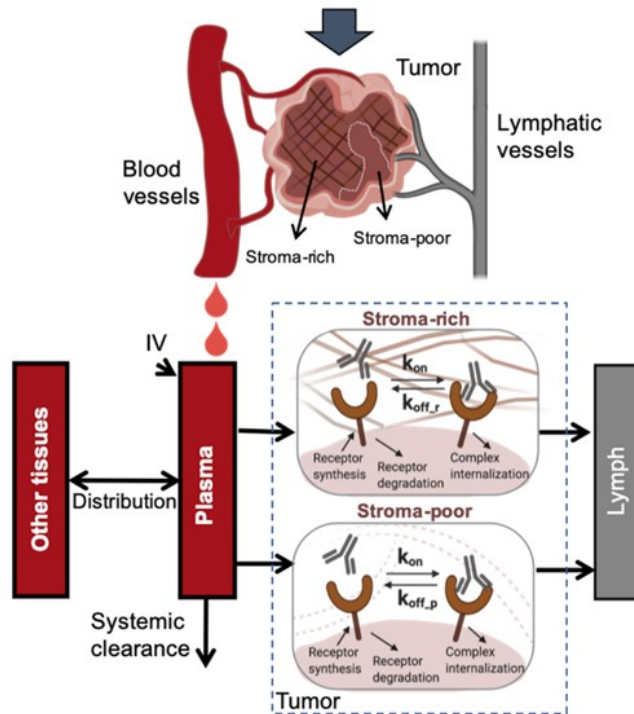
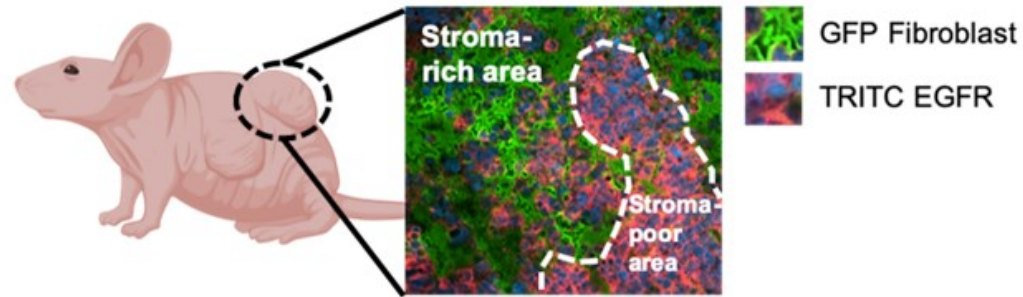


# We observed:



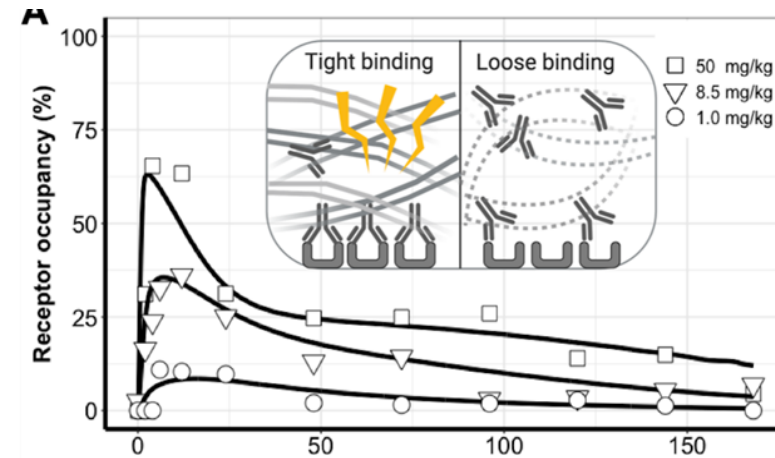
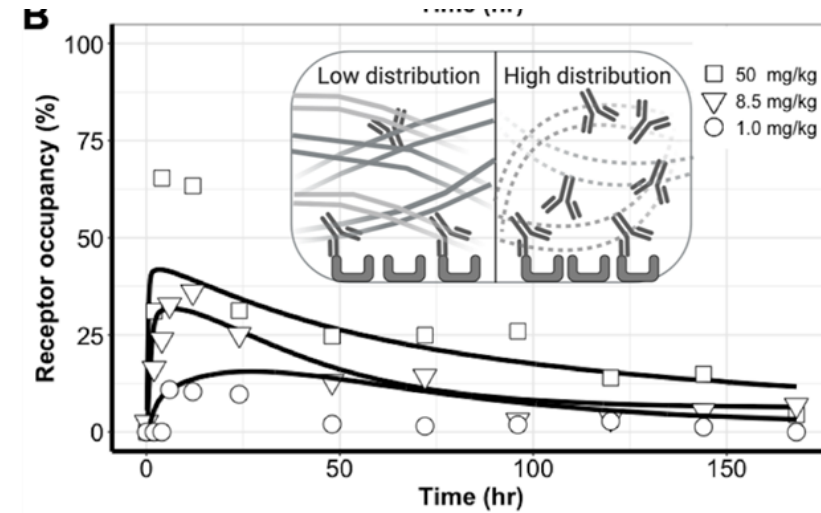
- **Incomplete receptor occupancy in solid tumors, even at supre-therapeutic doses.**
- **A kinetic disassociation exists between plasma antibody and bound targets in tumors.**

# Different Binding Constants between Tumor Areas



Distribution gradient

Binding gradient



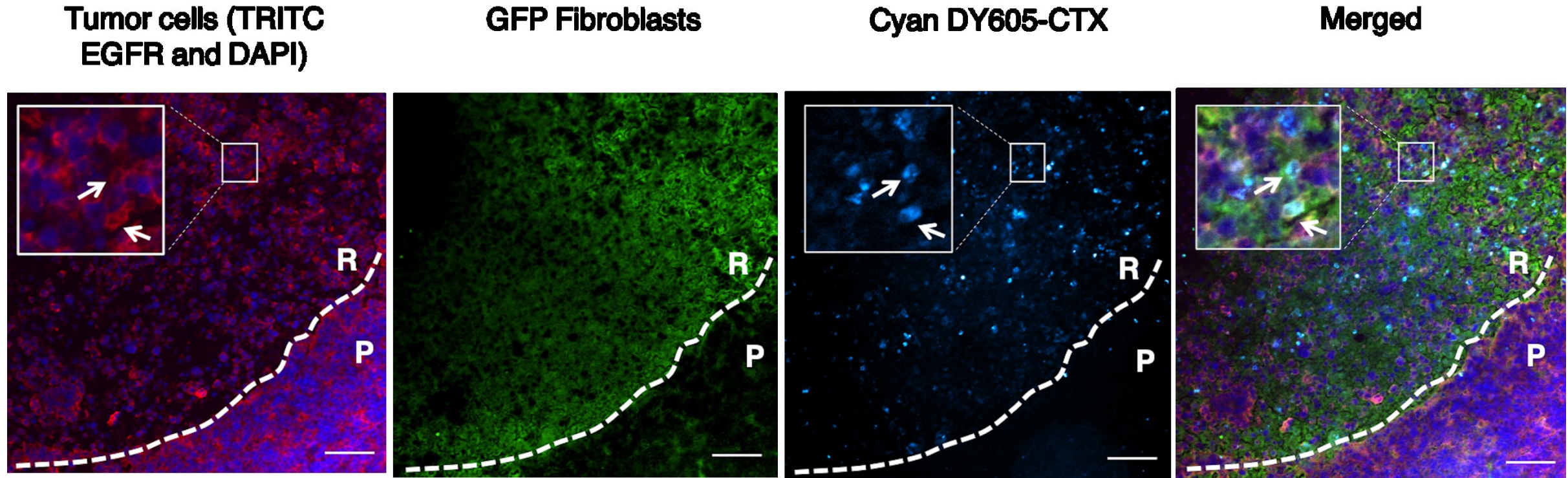
# "Slower-but-Tighter" Binding in Stroma-rich Area

## Parameter estimations

Parameter	Unit	Definition	Estimation (CV%)
$k_{on}$	$nM^{-1} \cdot h^{-1}$	Cetuximab-EGFR apparent association rate	0.030 (53%)
$k_{off\_p}$	$h^{-1}$	Cetuximab-EGFR apparent dissociation rate in stroma-poor regions	<b>0.61</b> (55%)
$k_{off\_r}$	$h^{-1}$	Cetuximab-EGFR apparent dissociation rate in stroma-rich regions	<b>0.0017</b> (54%)

~ 300-time  
difference

# Antibody Persisted Longer in the Stroma-Rich Area

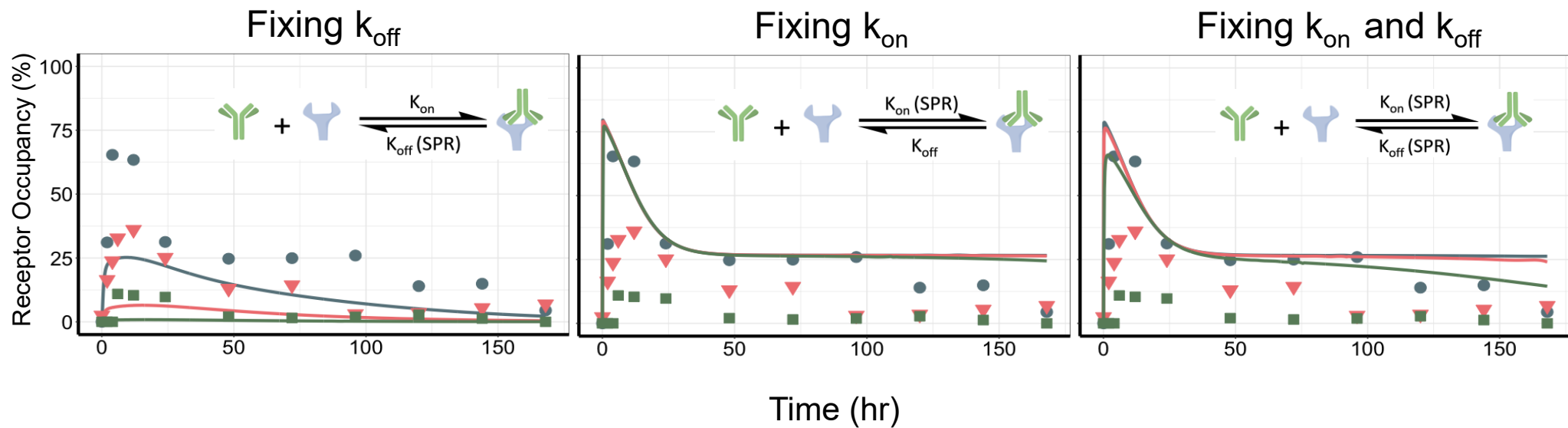


Tumor samples were collected at the end of the imaging study (8 days post-dosing) when the blood antibody has eliminated (close to LOQ).

# Different Binding Constants between Close and Open Systems

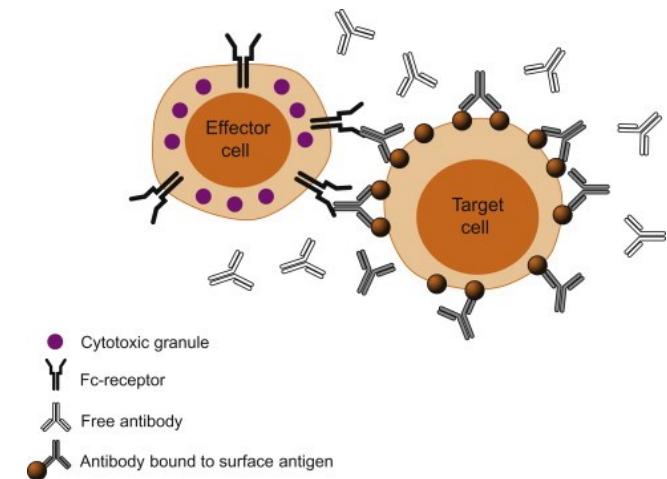
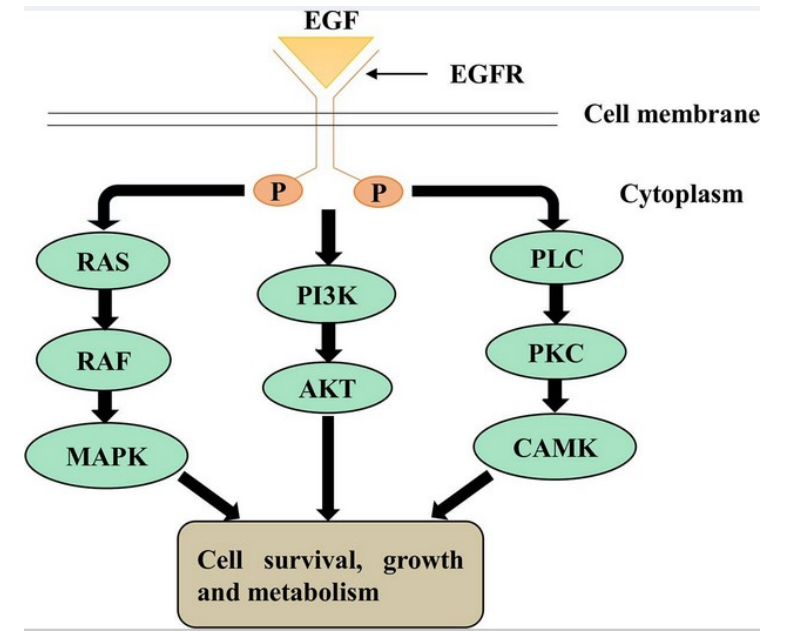
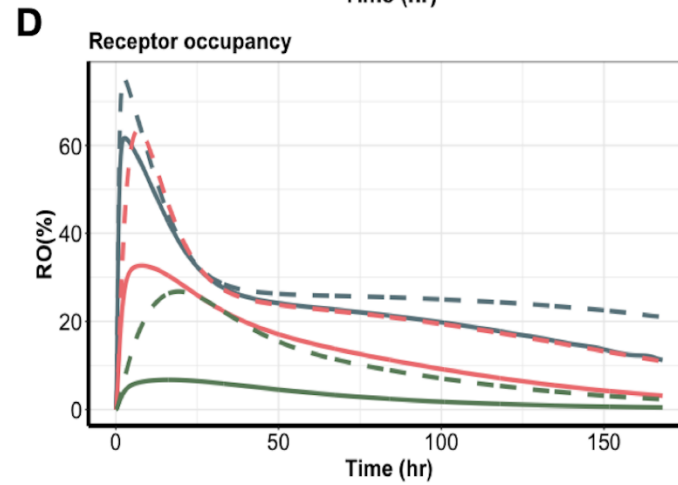
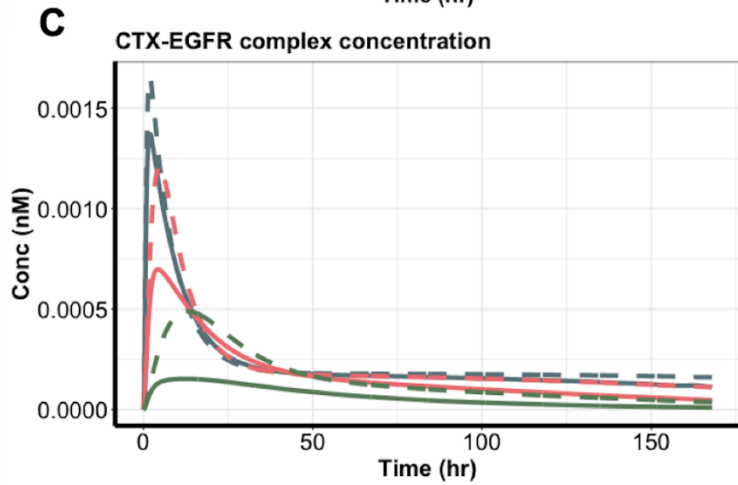
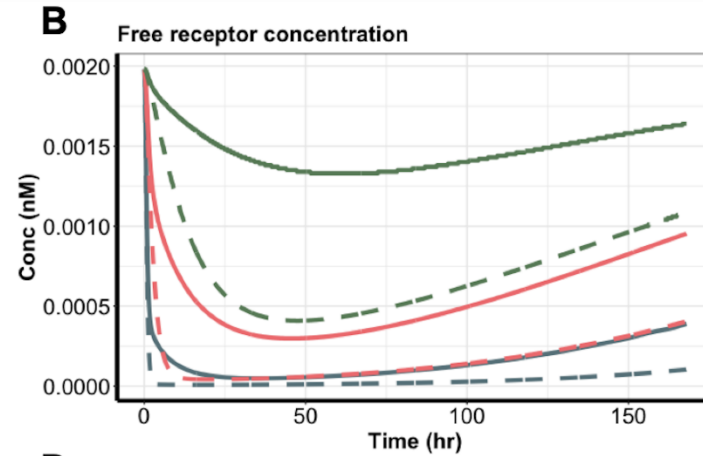
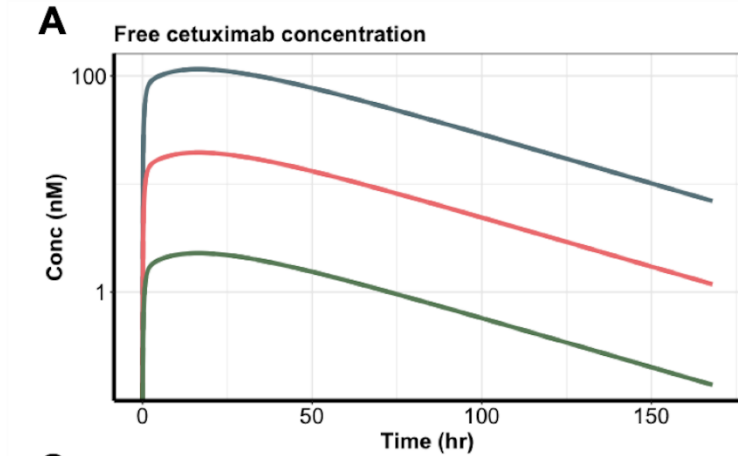
## Parameter estimations

Parameter	Unit	Definition	In vitro	Estimation (CV%)	
$k_{on}$	$nM^{-1} \cdot h^{-1}$	Cetuximab-EGFR apparent association rate	2.56	0.030 (53%)	➔ Slower binding
$k_{off\_p}$	$h^{-1}$	Cetuximab-EGFR apparent dissociation rate in stroma-poor regions	2.88	0.61 (55%)	➔ Tighter binding
$k_{off\_r}$	$h^{-1}$	Cetuximab-EGFR apparent dissociation rate in stroma-rich regions		0.0017 (54%)	

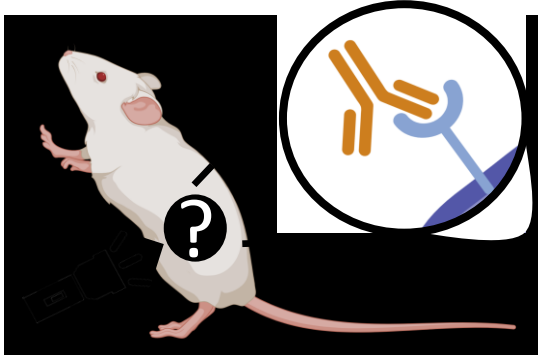


[Tang Y Shared Slides](#)

# Antibody-target complex in tumors



# Summary (Part II)



1. Antibody-target (cetuximab-EGFR) interaction in living tumors was visualized continuously using an BRET imaging method.
2. Cetuximab bound to EGFR to a slower-and-tighter degree in living tumors compared to in the in vitro conditions.
3. Cetuximab persisted longer in the stroma-rich regions than in the stroma-poor regions.



# Limitations and Future Directions

## Limitations

---

Artificial HEK293 xenograft, not equivalent to clinical tumors.

---

The stromal and cellular molecular mechanisms remain hard to tackle

---

Not yet clinically translational

## Future Directions

---

The advanced BRET system can be applied for assessing antibody-target interactions in various tumor types at different locations.

---

Other tumor-associated components' effects on antibody-target interactions will be investigated in future studies.

---

The spatial receptor occupancy data will be aligned with patient samples (IHC, lesion-specific response)

---

# Acknowledgment

## ❑ Collaborators

Antonio L. Amelio, Ph.D.  
Zibo Li, Ph.D.  
Gianpietro Dotti, M.D.

## ❑ Fellows:

Soha Freidy, Pharm.D  
Tyler Dunlap, Pharm.D.

## ❑ Graduate Students:

Jiawei Zhou, BS.  
Kaitlyn Maffuid, BS.  
Timothy Qi, BS.



## ❑ Alumni:

Hua He, Ph.D.  
Emily Mick, Pharm.D.  
Brian Maas, Pharm.D.  
Panli Zheng, Pharm.D.  
Xiaobing Li, Ph.D.  
Qian Zhao, Ph.D.  
Kun Hao, Ph.D.  
Robyn Konicki,  
Pharm.D.  
Dongfen Yuan, Ph.D.  
Chunxiao Lv, Ph.D  
**Zoey Tang, Ph.D.**  
Can Liu, Ph.D.  
Eric Salgado, Ph.D.



NIH R35 GM119661



Stimulus Awards - UNC Lineberger